



ENVIRONMENTAL AND PUBLIC PROTECTION CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
14 REILLY ROAD
FRANKFORT, KY 40601
TELEPHONE NUMBER (502) 564-6716

REGISTERED PERMIT-BY-RULE For SLUDGE GIVEAWAY DEP 7059D (1/06)

GENERAL INSTRUCTIONS

1. **APPLICABILITY** – In accordance with 401 KAR 45:100 Section 8, this registration form must be completed and submitted to the Cabinet by persons who propose to distribute Type B sludge.
2. **ASSISTANCE** – Questions regarding this form may be directed in writing to the Division of Waste Management, Solid Waste Branch at the address listed above, or by calling (502) 564-6716.
3. **SUBMISSION** – Please type or print legibly in permanent ink. Submit the original and one (1) copy of the completed registration form to the Division of Waste Management at the address noted above. If an item is not applicable to your facility write “N/A” in the space provided.
4. **LAWS AND REGULATIONS** – Registrants are expected to understand and comply with all laws and regulations applicable to the sludge giveaway registered permit-by-rule program.

REGISTERED PERMIT-BY-RULE SLUDGE GIVEAWAY

1. ☐ New Registration - A registration number will be assigned by the Cabinet.
2. ☐ This is a proposed modification of an existing registration.

Note: (If you checked **item 2**, complete one or both of the following two items.)

3. Agency Interest #: _____
4. Registration #: _____ - _____

Registrant Information

5. Registrant Name: _____
(This refers to the corporation, LLC, business, person, government agency, etc., that owns or operates the facility.)
6. Registrant Mailing Address: _____
7. City: _____
8. State: _____
9. Zip Code: _____
10. Contact Person: _____
11. Title: _____
12. Phone #: (____)____ - _____
13. Cell #: (____)____ - _____
14. Fax #: (____)____ - _____
15. E-Mail Address: _____

Special Waste Facility Information

16. Facility Name: _____
17. County: _____
18. Facility Location: _____
(For street or physical location only. Do not use P. O. Box #'s, etc.)
19. E-Mail Address: _____
20. City: _____
21. Zip Code: _____
22. Facility Contact Person: _____
23. Title: _____
24. Phone #: (____)____ - _____
25. Fax #: (____)____ - _____
26. Cell #: (____)____ - _____

Preparer Information

(Complete items 27 – 36 if the following information concerning the person preparing this registration is different from the contact persons named above.)

27. Preparers Name: _____
28. Company: _____
29. Mailing Address: _____
30. E-mail Address: _____
31. City: _____
32. State: _____
33. Zip Code: _____
34. Phone #: (____)____ - _____
35. Fax #: (____)____ - _____
36. Cell #: (____)____ - _____

37. Provide, as **Attachment 1**, the sludge analysis results for the parameters specified in 401 KAR 45:100 Section 6(20)(b). The results must be an average of two or more recent analyses taken at least thirty (30) days apart. Heavy metals are to be converted to dry weight in accordance with 401 KAR 45:100 Section 2(7).

38. Provide as **Attachment 2**, a copy of the Toxicity Characteristic Leaching Procedure (TCLP) laboratory analysis of the sludge.

Note: You may omit the TCLP analysis or specific parameters of the analysis based upon your knowledge of the waste, pursuant to 40 CFR 262.11. Should you elect to do this, a certified statement accepting responsibility will be required. Polychlorinated Biphenyls (PCBs) may also be omitted from the parameters listed in 401 KAR 45:100 Section 6(20)(b). Any certified statement for the omission of the TCLP or PCB data should be labeled as **Attachment 3**.

39. Describe, in **Attachment 4**, the Process to Significantly Reduce Pathogens. Refer to 401 KAR 45:100 Section 11 for acceptable methods.

40. Describe, in **Attachment 5**, the proposed sludge distribution system. Indicate how the sludge will be stored, how it will be distributed and the form (bagged, bulked, liquid, solid, etc.) it will be in when distributed.

41. Describe, in **Attachment 6**, methods to control the amount of sludge given to an individual.

42. Provide, in **Attachment 7**, a copy of the schematic diagram of the plant generating the sludge, along with a narrative description of the sludge processing systems.

43. Check the appropriate gallons per day (gpd) range for the daily design capacity of the plant:

- ☐ Less than 1,000,000 gpd
- ☐ 1,000,000 – 10,000,000 gpd
- ☐ More than 10,000,000 gpd

44. State the volume, in dry tons, of the amount of sludge generated each year: _____

Note: If you generate more than ten (10) dry tons per year, an alternative method of sludge disposal is required in addition to the sludge give-away program.

45. If sludge is disposed by any other method, use the following chart to identify the type, name and permit number of the facility accepting the sludge.

Facility Type	Facility Name	Facility Permit Number
_____	_____	____-_____
_____	_____	____-_____
_____	_____	____-_____
_____	_____	____-_____
_____	_____	____-_____

46. Registrants must utilize the log sheet provided as **Attachment 8**, to record the names, addresses, dates and quantities of sludge distributed to an individual. Registrants are to retain this log at the facility. Quantities should be recorded as gallons or tons.

47. **Certification pursuant to 401 KAR 45:030 Section 10(4):**

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations.”

Signature of Registrant: _____ Date: _____

Name of Registrant (typed or printed): _____

Title of Authorized Agent: _____

Subscribed and sworn to before me by _____

this the _____ day of _____, 20 _____.

Notary Public Signature _____

My Commission Expires _____

ATTACHMENT 8 SLUDGE GIVEAWAY LOG SHEET

Agency Interest #: _____ Permit #: ____ - _____

Facility: _____ Phone #: (____) ____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Recipient	Address of Recipient	Date the Sludge was Received	Amount Received (gals. / tons)
_____	_____	__/__/__	_____
_____	_____	__/__/__	_____
_____	_____	__/__/__	_____
_____	_____	__/__/__	_____
_____	_____	__/__/__	_____
_____	_____	__/__/__	_____
_____	_____	__/__/__	_____
_____	_____	__/__/__	_____
_____	_____	__/__/__	_____
_____	_____	__/__/__	_____
_____	_____	__/__/__	_____
_____	_____	__/__/__	_____
_____	_____	__/__/__	_____
_____	_____	__/__/__	_____
_____	_____	__/__/__	_____
_____	_____	__/__/__	_____
_____	_____	__/__/__	_____
_____	_____	__/__/__	_____
_____	_____	__/__/__	_____

Make additional copies of this form as needed.